

**ALABAMA WING, CIVIL AIR PATROL
QUARTERLY SAFETY ACTIVITY REPORT**

To: Alabama Wing CAP / SE
810 Willow Street
Maxwell AFB, AL 36112

Date: _____

Unit: _____ Unit Number: _____

Quarter (check one): ☐ 1ST (Jan-Mar) ☐ 2ND (Apr-Jun) ☐ 3RD (Jul-Sep) ☐ 4TH (Oct-Dec) Yr. _____
Due By The 15TH Day Of The Following Month.

Name Of Assigned Safety Officer: _____
(Last, First, MI, And Rank)

Phone Number(s) For Safety Officer: _____

Number Of Safety Meetings Conducted During The Quarter: _____

Subjects Covered: _____

Pilot Proficiency Program Report (Use Back For Additional Space)

Name

Phase No. Completed

Date Completed

The Annual Safety Survey Is Due Annually (CAPR 62-1 Attch. 4.) This Report Is Sent To Wing HQ (Keep Copy For Unit's Files.)

Date Of Last Annual Safety Survey Submitted To Wing Headquarters: _____

Have There Been Any Mishaps This Quarter? Yes No

Have Any Hazard Or Safety Improvement Reports (CAP Form 26 Or FAA Form 8000-7) Been Submitted During The Quarter? Yes No

If Yes, Summarize Briefly _____

Safety Assistance Is Needed In The Following Areas: _____

Signature Of Person Submitting Report